

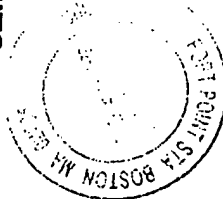
EXHIBIT A



POST OFFICE TO ADDRESSEE EJ4789626J7US

Tu-97-01

**SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS**



Customer Copy

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery	Flat Rate Envelope	
Date in Month Day Year	<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/> Postage	
Time in AM <input type="checkbox"/> PM <input type="checkbox"/>	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	<input type="checkbox"/> Return Receipt Fee	
Weight lbs. ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	<input type="checkbox"/> Insurance Fee	
<input type="checkbox"/> No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Int'l Alpha Country Code	<input type="checkbox"/> COD Fee	<input type="checkbox"/> Total Postage & Fees
Acceptance Clerk Initials			

CUSTOMER USE ONLY

Express Mail Corporate Act. No. _____
 Federal Agency Act. No. or Postal Service Act. No. _____

☐ **WAVES OF SIGNATURE** Domestic Only. Additional insureds must sign in full. A signature of signature is required. When delivery is to be made with a signature of signature of addressee or addressee's family, delivery employee must deliver that article can be left in secure location and authorize that delivery employee's signature constitutes valid proof of delivery.

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

Customer Signature _____

FROM: PLEASE PRINT R. DENNIS CREEHAN P.O. Box 750070 BLINGTON HEIGHTS 20475-0070 PHONE 617, 799-2632	TO: PLEASE PRINT ASSISTANT COMMISSIONER FOR PATENTS WASHINGTON, DC 20231 PHONE _____
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Label 11-B July 1997